

Incident	Agency: NYPD	A	New York State DOMESTIC INCIDENT REPORT		Incident #
	Reported Date (MM/DD/YYYY): 04/08/2022	Time (24 hours): 1831	Occurred Date (MM/DD/YYYY): 4/8/2022	Time (24 hours): 1041	Complaint #
	Officer Initiated <input type="checkbox"/> Radio Run <input checked="" type="checkbox"/> Walk-in <input type="checkbox"/>		City, State, Zip: NY 10025		
Suspect (P2)	Name (Last, First, M.I.) (Include Aliases): Walter Lowell		DOB (MM/DD/YYYY): 8/2/91	Age: 30	<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
	Address (Street No., Street Name, Bldg. No., Apt No.): 100 Bond Street, Brooklyn, NY		Suspect Phone Number: 913 857 7118	Language:	
	City, State, Zip: Brooklyn NY		<input type="checkbox"/> White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown	
	Do suspect and victim live together? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Suspect/P2 present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:	
	Suspect (P2) Relationship to Victim (P1) <input type="checkbox"/> Married <input type="checkbox"/> Intimate Partner/Dating <input type="checkbox"/> Formerly Married <input type="checkbox"/> Former Intimate Partner <input type="checkbox"/> Parent of Victim (P1) <input type="checkbox"/> Child of Victim <input type="checkbox"/> Relative <input type="checkbox"/> Other: no relationship		Possible drug or alcohol use? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Suspect supervised? <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input checked="" type="checkbox"/> Not Supervised <input type="checkbox"/> Status Unknown	
	Do the suspect and victim have a child in common? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
	Emotional condition of VICTIM? <input checked="" type="checkbox"/> Upset <input type="checkbox"/> Nervous <input type="checkbox"/> Crying <input type="checkbox"/> Angry <input type="checkbox"/> Other:				
	What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? He joined my life.				
	Did suspect make victim fearful? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
	Weapon Used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gun: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Other, describe:				
Victim Interview	Access to Guns? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Suspect Threats? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Threats to: <input type="checkbox"/> Victim <input type="checkbox"/> Child(ren) <input type="checkbox"/> Pet <input type="checkbox"/> Commit Suicide <input type="checkbox"/> Other Describe:		
	Injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		Strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Urination/Defecation		
	In Pain? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:		<input type="checkbox"/> Red eyes/Petechia <input type="checkbox"/> Sore Throat <input type="checkbox"/> Breathing Changed <input type="checkbox"/> Difficulty Swallowing		
	Visible Marks? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, describe:				
Suspect	What did the SUSPECT say (Before and After Arrest): Not on scene				
	710.30 completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Incident Narrative	Briefly describe the circumstances of this incident: P1 stated P2 did join her Instagram live with intent to harass, annoy and alarm her P1 stated P2 stated watch out when you leave. no recording of the Instagram live available. No BWC available. P2's Instagram is "Jankadavis". No Domestic relationship stated.				
	DIR Repository checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection Registry checked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Order of Protection in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refrain <input type="checkbox"/> Stay Away				
	Evidence Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Photos taken: <input type="checkbox"/> Victim Injury <input type="checkbox"/> Suspect Injury <input type="checkbox"/> Other:	Other Evidence: <input type="checkbox"/> Damaged Property <input type="checkbox"/> Videos <input type="checkbox"/> Electronic Evidence <input type="checkbox"/> Other:	Destruction of Property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, Describe:	
	Offense Committed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was suspect arrested? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906			3221-02/2020 DCJS Copyright © 2020 by NYS DCJS

Agency <u>NYPD</u>	B	Incident #	Complaint #
Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):			
Prior History If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ()			
Has Suspect ever:			
Threatened to kill you or your children? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect capable of killing you or children? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Strangled or "choked" you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is suspect violently and constantly jealous of you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Beaten you while you were pregnant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the physical violence increased in frequency or severity over the past 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, the Officer must contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.			
Was DIR given to the Victim at the scene? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:		Was Victim Rights Notice given to the Victim? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No if NO, Why:	
Signatures: Reporting Officer (Print and Sign include Rank and ID#) <u>[Signature]</u> ID# <u>11905479</u> Supervisor (Print and Sign include Rank and ID#)			
STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION			
* Officers are encouraged to assist the Victim in completing this section of the form.			
Suspect Name (Last, First, M.I.) <u>Lowell Vimer</u>			
I <u>[Redacted]</u> (Victim/Deponent Name) state that on <u>4/8/2022</u> , (Date) at <u>5th Ave, New York NY</u> (Location of incident) in the County/City/Town/Village <u>New York</u> <u>10035</u> of the State of New York, the following did occur:			
<u>I was on live and was being bullied and harassed and told lies on tv over 100 people at 10:30 am. Lo Darius got on my live and was saying he would be watching my every move and was warning me of going outside. He was saying I needed to give him a watch I told him I didn't have and he told me that he was gonna get back for the girl and gang. He told everybody that I steal and am a bad valid to go back outside and that I rob people.</u>			
(Use additional page as needed)			
False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.			
Victim/Deponent Signature <u>[Signature]</u>		Date <u>4/8/22</u>	
Witness or Officer Signature		Date	
Interpreter Signature and Interpreter Service Provider Name		Date	
Interpreter Requested <input type="checkbox"/> Yes <input type="checkbox"/> No Interpreter Used <input type="checkbox"/> Yes <input type="checkbox"/> No			
VICTIM / COMPLAINANT COPY		NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 3221-02/2020 DCJS Copyright © 2020 by NYS DCJS	

Note:

Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.

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